

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	10/019444	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	0					
5	/					
6	/					
7	2					
8	0					
9	/					
10	/					
11	2					
12	2					
13						
14						
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49						
50						
TOTAL IND.	3		↓		↓	
TOTAL DEP.	13	↔	↔	↓	↔	↔
TOTAL CLAIMS	16	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*
51			59			67
52			60			68
53			61			69
54			62			70
55			63			71
56			64			72
57			65			73
58			66			74
59			67			75
60			68			76
61			69			77
62			70			78
63			71			79
64			72			80
65			73			81
66			74			82
67			75			83
68			76			84
69			77			85
70			78			86
71			79			87
72			80			88
73			81			89
74			82			90
75			83			91
76			84			92
77			85			93
78			86			94
79			87			95
80			88			96
81			89			97
82			90			98
83			91			99
84			92			100
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS